

PRV – Enrollment of Residential Care Facility (RCF) Guardian Additions and Changes

Purpose:

The purpose of this procedure is to process RCF Guardian Additions and Changes

Identification of Roles:

Provider Enrollment Specialist

Performance Standards:

Perform online updates to provider data within one (1) business day of receipt of the update

Path of Business Procedure:

Step 1: Print daily report from the Computer Output to Laser Disk (COLD) in OnBase

- a. Each day the Enrollment Specialist will print the daily report from OnBase (COLD report number IAMR9100-R018) of members in an RCF who are adding or changing their Guardian payee
- b. Open OnBase- From document retrieval select document type groups “Cold Reports” Select document types “CR Recipient Eligibility”, under keywords enter report ID “IAMR9100-R018”
- c. Eligibility staff will also send emails requesting changes to the members guardian files to the Enrollment Supervisor, which will be forward to the Enrollment Specialist to be completed

Step 2: Using the Report and MMIS- Does the provider already have provider number?

- a. Open the Medicaid Management Information System (MMIS) file 9 (Provider Master File), determine if each Guardian on the report has a Provider Type 97 provider number
- b. Use Option “I” in the Provider Master File to “Inquire”
- c. Enter the Last name, First name of the Guardian in the PROVIDER-NAME field, press Enter
- d. If the Guardian has an existing provider number, use that provider number. Go to Step 4
- e. If the Guardian does not have a Provider Type 97 Provider number, assign the Guardian a Provider number. (See Step 3- assigning a Guardian Provider Number)

Step 3: Assigning a Guardian Provider number in MMIS

- a. Use Option A in the Provider Master File to “Add a Provider”
- b. Enter 03 for the first two digits of the new Provider number. The MMIS generates the remaining digits for the provider number using the next available provider number
- c. Enter the Guardian information from the report into the MMIS screens. Required information: Name and Address, Provider Type 97, TAX –TYPE: will always be

E, TAX-ID: 9999999999. Enrolment effective date will be the date in the members Long Term Care (LTC) file (F3 of the Members eligibility file) top span begin date. If all of the information is correct, , press enter again to complete the process

Step 4: Updating the Recipient Eligibility File (MMIS File 10)

- a. Open the Recipient Eligibility File (MMIS File 10)
- b. Tab down to Guardian Data
- c. Enter the Action code "C" to change/add the Guardian data
- d. Enter the Member Iowa Medicaid Recipient Identification Number (ID), click enter
- e. On the bottom line of the GUARDIAN DATA span enter the Guardian effective data and provider number. If spans 1-5 contain data, overlay the data on the oldest span. Enrollment effective date will be the date in the members LTC file (F3 of the Members eligibility file)) top span begin date. Leave the span open-ended by using 99/99/99
- f. If the member was previously enrolled with a Guardian, end date the previous span using a date that is one day prior to the effective date of the new Guardian
- g. Press enter, the MMIS validates the information that you have entered. If all of the information is correct, press enter to complete the process

Forms/Reports:

Recipient Guardian update Report
MMIS Screen Shots

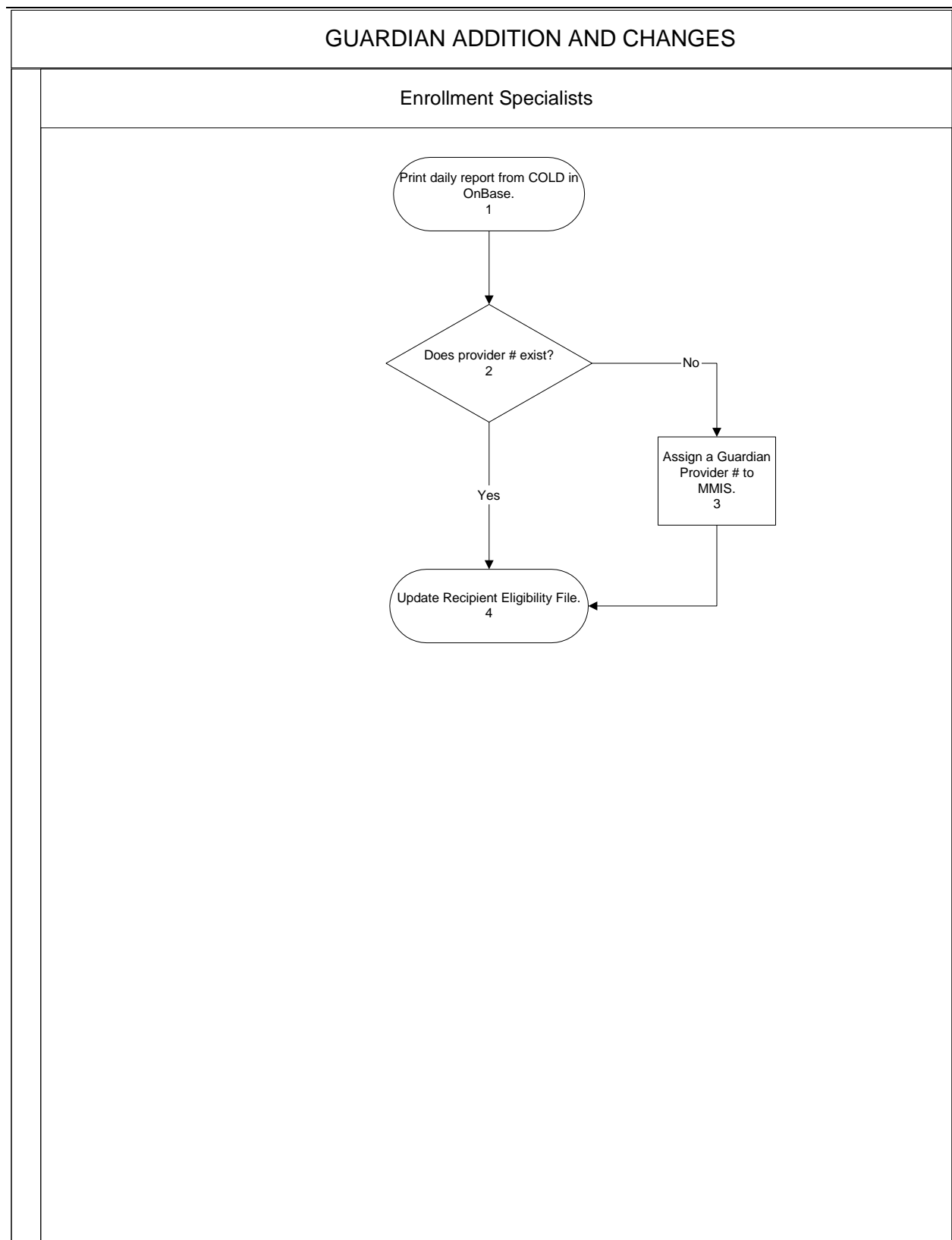
RFP References:

6.4.1.1.3.d

Interfaces:

OnBase
MMIS
Providers Individualized Services Information System (ISIS)

Attachment



Attachment 2

IME Operational Procedures MMIS Guardian Provider Inquiry

DHS - EXTRA! Personal Client

File Edit View Tools Session Options Help

PROVIDER SUBSYSTEM KEY PANEL

ENTER THE ACTION CODE: I A = ADD C = CHANGE D = DELETE I = INQUIRY

----- PROVIDER MASTER FILE -----

MEDICAID-NUMBER:
SOCIAL-SECURITY OR EMPLOYER-ID:
PROVIDER-NAME: _____
UPIN: _____
PROVIDER-TYPE/COUNTY:
DEA-NUMBER:

----- MEDICARE/MEDICAID CROSS-REFERENCE FILE -----

MEDICARE-NUMBER: MEDICARE-EFFECTIVE-DATE:
MEDICAID-NUMBER:

----- HMO/PREPAID HEALTH PLAN FILE -----

MEDICAID-NUMBER: PLAN-EFFECTIVE-DATE:

----- NABP/MEDICAID CROSS-REFERENCE FILE -----

NABP-NUM: NABP-EFFECTIVE-DATE: MEDICAID-NUM:

PRESS PA1 KEY AGAIN FOR MMIS MENU

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- Use Option I in the Provider Master File to "Inquire"
- Enter the Last Name, First Name of the Guardian in the PROVIDER-NAME Field, press Enter.

Attachment 3 IME Operational Procedures MMIS Guardian Provider Inquiry

PROVIDER INQUIRY: : PAGE: 1

	NAME AND ADDRESS	NUMBER	UPIN	TAX-IDENT	TYPE	SP
1		0221707		000000000	97	
	4244 NE 34TH STREET				77	
	DES MOINES IA 503170000				97	
2					90	
	825 WABASH				97	
	OTTUMWA IA 525010000				54	
3					50	08
	109 C EAST MARION				07	
	SIGOURNEY IA 525910000				02	22
4					OH	
	WATERLOO IA 507030000					
5						
	COLUMBUS OH 432101228					

ENTER THE LINE NUMBER OF THE DESIRED PROVIDER: 0

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If the Guardian has an existing Provider Number, use that Provider Number

Attachment 4

IME Operational Procedures MMIS Guardian Provider Inquiry

DHS - EXTRA! Personal Client

File Edit View Tools Session Options Help

PROV: PROVIDER MASTER DISPLAY SCREEN 1 INQUIRY
CURR-DATE: 01/10/05 LAST-TRANS: 021298 USER: 281
PRACTICE NAME AND ADDRESS

4244 NE 34TH STREET CITY: DES MOINES ST: IA ZIP: 503170000
TEL: CNTY: 77 POLK TYPE: 97 GUARDIAN OUT-ST: N
SORT-NAME: TAX-TYPE: E TAX-ID: 999999999
SPECIALTY DATE CERT SPECIALTY DATE CERT

LIC-NO: LIC-BEGIN-DATE: LIC-END-DATE: SNF-LOC:
CT-AGREE-IND: CT-BEGIN-DATE: CT-END-DATE:
APP-DATE: 020198 TYPE-PRAC: 01 IND PRAC OWN: 1 IND RECIP DEA:
---- ENROLLMENT ---- ----- NUMBER OF OCCURRENCES -----
STATUS DATE CLAIM-TYPES (PF2): 0 WAIVER-TYPES (PF2): 0
1 ACTIVE 020198 BILLING-AGENTS (PF2): 0 GROUPS (PF2): 0
ADDRESSES (PF3): 1 HOLD-REVIEW (PF4): 0
RATES (PF4): 0 BED-DATA (PF4): 0
GROUP-MEMBERS (PF5): 0 BILL-AGT-MEMBER (PF6): 0
CLIA (PF7): 0 LAB-CLASSES (PF7): 0
NEW-PROV: CERTIFICATION (PF8): 0 DRG-DATA (PF9): 0
PREV-PROV: LAST-CLAIM-DATE: 031698 APG-DATA (PF9): 0

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Attachment 5

IME Operational Procedures MMIS Guardian Provider Add

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DHS - EXTRA! Personal Client
File Edit View Tools Session Options Help

PROVIDER SUBSYSTEM KEY PANEL

ENTER THE ACTION CODE: a  A = ADD  C = CHANGE  D = DELETE  I = INQUIRY

----- PROVIDER MASTER FILE -----
MEDICAID-NUMBER: 03
SOCIAL-SECURITY OR EMPLOYER-ID:
PROVIDER-NAME:
UPIN:
PROVIDER-TYPE/COUNTY:
DEA-NUMBER:

----- MEDICARE/MEDICAID CROSS-REFERENCE FILE -----
MEDICARE-NUMBER:          MEDICARE-EFFECTIVE-DATE:
MEDICAID-NUMBER:

----- HMO/PREPAID HEALTH PLAN FILE -----
MEDICAID-NUMBER:          PLAN-EFFECTIVE-DATE:

----- NABP/MEDICAID CROSS-REFERENCE FILE -----
NABP-NUM:          NABP-EFFECTIVE-DATE:          MEDICAID-NUM:

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- If the Guardian does not have a Provider Type 97 Provider Number, assign the Guardian a Provider number in the 03XXXXXX to 04XXXXXX range.
- Use Option A in the Provider Master File to “Add a Provider”
- Enter 03 for the first two digits of the new Provider Number. The MMIS generates the remaining digits for the provider number using the next available provider number.
- Enter the Guardian information from the report into the MMIS PMF. Use the first day of the month of the report as the enrollment effective date. Press Enter, the MMIS validates the information. If all of the information is correct, press Enter again to complete the process.

Attachment 6

IME Operational Procedures MMIS Recipient RCF Guardian File

DHS - EXTRA! Personal Client

File Edit View Tools Session Options Help

RECIPIENT ELIGIBILITY SUBSYSTEM KEY PANEL

----- RECIPIENT ELIGIBILITY FILE -----

ACTION CODE: ACTION CODES: A = ADD I = INQUIRY
C = CHANGE

ENTER ONE OF THE FOLLOWING SELECTION CRITERIA:

RECIPIENT ID: CASE NUMBER:
SOCIAL SECURITY NUMBER: MEDICARE NUMBER:
RECIPIENT LAST NAME: FIRST: MID INIT:

----- TPL RESOURCE FILE -----

ACTION CODE: ACTION CODES: A = ADD D = DELETE
C = CHANGE I = INQUIRY

RECIPIENT ID:

----- GUARDIAN DATA -----

ACTION CODE: C ACTION CODES: C = CHANGE I = INQUIRY
RECIPIENT ID:

----- RECIPIENT SERVICE LIMITATIONS -----

ACTION CODE: ACTION CODES: C = CHANGE I = INQUIRY
RECIPIENT ID:

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- In the Recipient Eligibility File, in the GUARDIAN-DATA section, enter Option C to Change the file.

Attachment 7

IME Operational Procedures MMIS Recipient RCF Guardian File

01/10/05 RECIPIENT ELIGIBILITY DISPLAY SCREEN 6 INQUIRY

RECIP-ID: : NAME: | .

----- GUARDIAN DATA -----

NO	BEGIN	END	PROVIDER NUMBER
01	020103	999999	0301770
02	100100	013103	0358093
03	080199	093000	0301770
04	020198	073199	0324905
05	080197	013198	0301770

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- On the bottom line of the GUARDIAN-DATA span for the recipient that does not have any data. Enter the Guardian Effective Date and Provider Number. If Spans 1-5 contains data, overlay the data on the oldest span. Enter the effective date of the Guardian from the report. If an effective date of the Guardian is not listed on the report, use the first day of the month in which the report was printed as the effective date. For example: the report is printed on 12/10/04, use 12/01/04 if there is not effective date listed on the report for the Guardian.
- Leave the span open-ended using 99/99/99
- If the member was previously enrolled with a Guardian, end date the previous span using a date that is one day prior to the effective date of the new Guardian.
- Press Enter, the MMIS validates the information that you have entered. If all of the information is correct, press Enter to complete the process.